

STEP FIVE
EVALUATION
(TQM)

STEP FIVE—Evaluation--TQM

SUBJECT: EVALUATING PATIENT EDUCATION TOTAL QUALITY MANAGEMENT - TQM
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STEP FIVE

Before a tribal clinic or hospital can implement Total Quality Management (TQM) as it relates to patient education, there must be a commitment to the program by all staff. This involves an unending, intense focus on patients' needs, wants, expectation, and requirements, and a commitment to satisfying them. A successful TQM program requires a commitment from administration, management, nurses, physicians, and all other staff involved in the delivery of care to the patient. Quality health care delivery begins when the patient enters the facility.

Total Quality Management in patient education will require a continuous evaluation of the processes involved in the delivery of educational programs. The focus then, will be on process improvement dependent on a multi-disciplinary team approach to the delivery of patient education. The patient will be viewed as an active partner in the educational process with a staff focus on influencing his or her behavior to produce changes in knowledge, attitudes, and skills required to maintain or improve health status.

TQM means making constant ongoing improvements in processes and performance to achieve better results consistently and facilitate:

- a. quality patient care delivery with an emphasis on education, supporting efforts toward being the provider of choice
- b. improved financial strength through the identification of process problems in the delivery of educational programs; and provide
- c. an environment which is supportive of staff and enhances morale through involvement in the development and delivery of quality services

In order to implement a TQM program focused on patient education services, a starting point is to clearly understand and make a commitment to quality guided by the state of the philosophy of the tribal clinic or hospital. Further, a statement should be developed addressing the purpose of patient education, which will direct activities toward developing specific goals and objectives for prioritized educational offerings.

Quality Management of Patient Education

To assess quality effectively in the patient education process, failures in the delivery of the service are usually related to process problems or how the programs are developed and implemented. In order for the educator to participate in process analysis of patient education services, key components need to be divided into distinct task, which allow the educator to:

1. Link major educational program components
2. Detect weak areas in the service delivery and
3. Determine ways to strengthen the process of patient education

Steps in Process Analysis of Patient Education

Four key steps are involved in the process analysis of patient education programs.

Step #1 - Development of a Standard of Care for the Education Offering

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This will define the minimum level of education to be provided, and establish a basis of comparison for measuring quality and value to the patient. From this standard, an individualized approach to patient education can be developed based on wants and needs of the particular patient and/or family.

Step #2 - Development of Specific Goals and Objectives for the Education Program

These will be developed and assessed on a continuous basis for those directly involved in the patient education process. Goals and objectives should be based on a thorough assessment of patient needs, wants, and preferences. Further, goals and objectives may be outlined for the patient, family, physician, and nurse who participate in a team approach to incorporating education into health care delivery.

Step #3 - Assess Implementation of the Program Including Program Scope

Identify the key individuals whom are involved in the patient education process. Assess the time involved in delivery of the program to meet specified goals and objectives. Develop a listing of resources used to implement the educational program. In order to assess cost of poor quality, look for areas of duplication and waste that may be addressed to prevent unnecessary expense, and support financial strength.

Step #4 - Develop Evaluation/Outcome Criteria

These will include criteria for measuring and evaluating outcomes for specified goals and objectives. Both objective (quantitative data) and subjective (Quantitative and qualitative data) can be obtained through tools developed to measure specific outcomes. The key is to assess the relationships between patient education intervention and progress toward meeting specified goals as outcomes.

Assessment of the quality of the processes used in the patient education functions can be done by looking at process problems. It is important to remember that quality improvement occurs at the lowest task level. The educator needs to ask questions about whether the right processes are in place.

It is recommended that a quality improvement team be developed for identifying, diagnosing, and solving problems in the patient education process. This team should be multidisciplinary and contribute to the development of statistical tools for measuring patient education outcomes.

All Staff should complete this TQM Survey - **Sample TQM Survey for All Departments**

STEP FIVE—Evaluation--TQM**SUBJECT: Evaluating Patient Education
 Total Quality Management - TQM**

For additional space please use the back of this page.

1. List current developed educational programs in the tribal clinic or hospital in which you are employed;
2. Who is involved in the patient education process?
(Check all those that apply)

<input type="checkbox"/> Physician	<input type="checkbox"/> Nutritionist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Ancillary staff
<input type="checkbox"/> Patient care Coordinator	<input type="checkbox"/> Other; Please list:
3. List current methods for measuring outcomes;
4. Describe weaknesses as you see them in the patient education processes currently in place;
5. List strengths as you see them that the health care team can expand upon in the current educational processes being implemented.
6. What types of health professionals are available to your facility to serve on a multidisciplinary quality improvement team? (Check those that applies)

<input type="checkbox"/> Physician	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Nurse	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Public Health Nurse
<input type="checkbox"/> Patient Care Coordinator	<input type="checkbox"/> Other: Please list;
7. Are you using any specific instruments now for the assessment of outcomes related to patient education implementation?

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YES NO

8. Which of the following are key components of total quality approach to patient education?
(Check those that applies)
 - ☐ A focus on patient needs, wants and preferences
 - ☐ Specific attention to physician goals and objectives
 - ☐ Multidisciplinary approach to delivery of services
 - ☐ Focus on process improvement
 - ☐ Continuous assessment and evaluation of outcomes
 - ☐ Short-term problem solving
 - ☐ Ongoing improvement efforts for educational offerings

9. Do you feel you hold an adequate understanding of the concept of total quality management for implementation of a program to monitor outcomes?

10. If no, what would help you to develop a TQM approach for your educational programs?

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CHECK LIST
EVALUATION**

- ___ Staff has developed a Standard of Care for the Education Offering
 - ___ Staff has defined the minimum level of education to be provided.
 - ___ Staff has establish a basis of comparison for measuring quality and value to the patient.
 - ___ Staff has developed an individualized approach to patient education based on wants and needs of the particular patient and/or family.
- ___ Staff has developed specific goals and objectives for the Education Program
 - ___ Goals and objectives are assessed on a continuous basis.
 - ___ Goals and objectives are based on a thorough assessment of patient needs wants, and preferences.
 - ___ Goals and objectives are outlined for the patient, family, physician, and nurse who participate in a team approach to incorporating education into health care delivery.
- ___ Assessed implementation of the Program includes Program Scope
 - ___ Key individuals are identified and involved in the patient education process.
 - ___ The time involved has been assessed in delivery of the program to meet specified goals and objectives.
 - ___ Staff has developed a listing of resources used to implement the educational program.
 - ___ Staff has looked for areas of duplication and waste in order to assess the cost of poor quality.
- ___ Staff has developed Evaluation/Outcome Criteria
 - ___ Staff has developed criteria for measuring and evaluating outcomes for specified goals and objectives.
 - ___ Tools have been developed to measure specific outcomes
 - ___ Objective (quantitative data)
 - ___ Subjective (Quantitative and qualitative data)
- ___ Staff supports the concept of quality patient care delivery with an emphasis on education and supporting efforts toward being the provider of choice
- ___ Staff will improve financial strength through the identification of process problems in the delivery of educational programs.
- ___ Administration will facilitate an environment, which is supportive of staff and enhances morale through involvement in the development and delivery of quality services

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Quality Management of Patient Education

- ___ In order for the educator to participate in process analysis of patient education services, key components are divided into distinct tasks, which allow the educator to:
 - ___ Link major educational program components
 - ___ Detect weak areas in the service delivery
 - ___ Determine ways to strengthen the process of patient education